

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2000

Patent fees are subject to annual revision.
Small Entity payments must be supported by a small entity statement,
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)**355**

Complete if Known

Application Number

Filing Date

First Named Inventor

Examiner Name

Group / Art Unit

Attorney Docket No.

Lawrence Kingsley

JC918 U.S. PTO
09/26/18

11/30/00

METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account Number

Deposit
Account Name

☐ Charge Any Additional Fee Required
Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check

☐ Money
Order

☐ Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Description
101	690	201	345		Utility filing fee
106	310	206	155		Design filing fee
107	480	207	240		Plant filing fee
108	690	208	345		Reissue filing fee
114	150	214	75		Provisional filing fee

Fee Paid

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES

Extra Claims Fee from below Fee Paid

Total Claims - 20** = X =

Independent Claims - 3** = X =

Multiple Dependent =

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Description
103	18	203	9		Claims in excess of 20
102	78	202	39		Independent claims in excess of 3
104	260	204	130		Multiple dependent claim, if not paid
109	78	209	39		** Reissue independent claims over original patent
110	18	210	9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$)**355**

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Description
105	130	205	65		Surcharge - late filing fee or oath
127	50	227	25		Surcharge - late provisional filing fee or cover sheet.
139	130	139	130		Non-English specification
147	2,520	147	2,520		For filing a request for reexamination
112	920*	112	920*		Requesting publication of SIR prior to Examiner action
113	1,840*	113	1,840*		Requesting publication of SIR after Examiner action
115	110	215	55		Extension for reply within first month
116	380	216	190		Extension for reply within second month
117	870	217	435		Extension for reply within third month
118	1,360	218	680		Extension for reply within fourth month
128	1,850	228	925		Extension for reply within fifth month
119	300	219	150		Notice of Appeal
120	300	220	150		Filing a brief in support of an appeal
121	260	221	130		Request for oral hearing
138	1,510	138	1,510		Petition to institute a public use proceeding
140	110	240	55		Petition to revive - unavoidable
141	1,210	241	605		Petition to revive - unintentional
142	1,210	242	605		Utility issue fee (or reissue)
143	430	243	215		Design issue fee
144	580	244	290		Plant issue fee
122	130	122	130		Petitions to the Commissioner
123	50	123	50		Petitions related to provisional applications
126	240	126	240		Submission of Information Disclosure Stmt
581	40	581	40		Recording each patent assignment per property (times number of properties)
146	690	246	345		Filing a submission after final rejection (37 CFR § 1.129(a))
149	690	249	345		For each additional invention to be examined (37 CFR § 1.129(b))

Other fee (specify) _____

Other fee (specify) _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)

Lawrence Kingsley

Registration No.
(Attorney/Agent)

Complete (if applicable)

Telephone

617-596-3919

Signature

Lawrence Kingsley

Date

11/28/00

WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number		
	Filing Date		
	First Named Inventor	Lawrence Kingsley	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	14	Attorney Docket Number	

JP918 U.S. PTO
09/26/118
11/30/00

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input checked="" type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Lawrence Kingsley
Signature	Lawrence Kingsley
Date	11/28/00

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>	
Typed or printed name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

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